

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW CLEVELAND, TN 37311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures.	N1410	What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice; Upon observation, the facility did not have proper documentation in reference to disaster preparedness pertaining to earthquake drills. An Earthquake Drill education and practice have been exercised and documented as appropriate. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The Maintenance Director will monitor and maintain supporting documentation to ensure all required drills are completed as required to be in compliance. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and The Maintenance Director will monitor and maintain supporting documentation to ensure all required drills are completed as required to be in compliance.	09/06/13
N1411	This Rule is not met as evidenced by: Based on record review, the facility failed to exercise external disaster drills. The findings include: Record review on July 22, 2013 at 10:30 a.m. revealed no documentation was available to show that an earthquake drill was exercised annually. This finding was verified and acknowledged by the administrator during the exit conference on July 22, 2013. 1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency	N1411	How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. The Administrator will monitor this corrective action to ensure continued compliance.	

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6000

N5FK21

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2013
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N1411	Continued From page 1 Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (I) Staff duties by department and job assignment; and, (II) Search team, searching the premises.	N1411	What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice; Upon observation, the facility did not have proper documentation in reference to disaster preparedness pertaining to bomb threat drills. A Bomb Threat Drill education and practice have been exercised and documented as appropriate. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The Maintenance Director will monitor and maintain supporting documentation to ensure all required drills are completed as required to be in compliance. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and The Maintenance Director will monitor and maintain supporting documentation to ensure all required drills are completed as required to be in compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. The Administrator will monitor this corrective action to ensure continued compliance.	09/06/13
	This Rule is not met as evidenced by: Based on record review, the facility failed to exercise external disaster drills. The findings include: Record review on July 22, 2013 at 10:30 a.m. revealed no documentation was available to show that a bomb threat drill was exercised annually. This finding was verified and acknowledged by the administrator during the exit conference on July 22, 2013.			

Division of Health Care Facilities
STATE FORM

6900

N5FK21

If continuation sheet 2 of 2